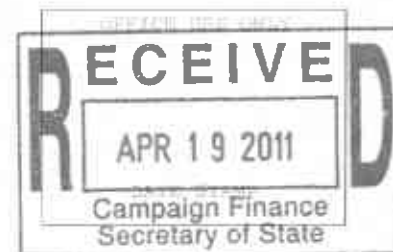


POLITICAL COMMITTEE'S REPORT OF 2010  
OF RECEIPTS AND DISBURSEMENTS



Name of Committee **Mississippi Coalition For Progress DBA Bully Bloc**  
Address **PO Box 1591, Jackson, MS 39215** County **Hinds**  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_  
Treasurer: **Oscar Hartman** Email Address: **sflatgard@flatgardlaw.com**  
Director: **Spence Flatgard**

☐ Check here if above is different from previous report

*Amended*

TYPE OF REPORT  
CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING

- ☐ **May 25, 2010** Pre-Election Report (January 1, 2010 through May 22, 2010) ..... **Mandatory**  
☐ **June 15, 2010** Pre-Runoff Report (May 23, 2010 through June 12, 2010) ..... **Run-off Candidates**  
☐ **October 26, 2010** Pre-Election Report (May 23, 2010 through October 23, 2010) ..... **All Candidates**  
☐ **November 16, 2010** Pre-Runoff Report (October 24, 2010 through November 13, 2010) ..... **Runoff Candidates**  
☒ **January 31, 2011** Periodic Report (January 1, 2010 through December 31, 2010) ..... **Mandatory**  
☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations. **Required to terminate reporting obligations**

**IMPORTANT  
IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the political committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until political committee files a termination report, annual and periodic reports must continue to be filed in accordance with Miss. Code Ann. Sec. 23-15-807 (b)(ii) and (iii) (1972).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions to political committees in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. of the day of the election must be reported by FAX otherwise within 48 hours of the contribution. Use separate form "48 Hour Report: to report such activity."

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

|                                     | (itemized + non-itemized)  | Total This Period   | Calendar year-to-date |
|-------------------------------------|----------------------------|---------------------|-----------------------|
| Total amount of contributions       | \$128,858.38 + \$13,434.40 | \$142,292.78        | \$142,292.78          |
| Total amount of disbursements       | \$109,070.28 + \$0.00      | \$109,070.28        | \$110,086.36          |
| <b>Total amount of cash on hand</b> |                            | <b>\$139,756.79</b> |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

*Spence Flatgard*  
(Signature of Officer)

*3/22/11*  
(Date)

Authority: Refer to Miss. Code Ann. 23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-811 and 813 (1972).

SEND TO 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Bob Montgomery   |  |   | 4/13/2010                 | \$500.00                              |
| Mailing Address             | PO Box 1039  |  |   |                           |                                       |
| City, State, Zip Code       | Canton, MS 39046   |  |   |                           |                                       |
| Name of Employer (Required) | Montgomery McGraw Collins O'Cain & Colema                            |  |   |                           |                                       |
| Occupation (Required)       | Attorney   |  |   | Aggregate<br>year-to-date | \$600.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Bob Montgomery   |  |   | 3/29/2010                 | \$100.00                              |
| Mailing Address             | PO Box 1039  |  |   |                           |                                       |
| City, State, Zip Code       | Canton, MS 39046   |  |   |                           |                                       |
| Name of Employer (Required) | Montgomery McGraw Collins O'Cain & Colema                            |  |   |                           |                                       |
| Occupation (Required)       | Attorney   |  |   | Aggregate<br>year-to-date | \$600.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Stuart Vance   |  |   | 7/2/2010                  | \$1,000.00                            |
| Mailing Address             | PO Box 733   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39760   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$1,100.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Stuart Vance   |  |   | 9/20/2010                 | \$100.00                              |
| Mailing Address             | PO Box 733   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39760   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$1,100.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Barry Wax  |  |   | 4/13/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 60  |  |   |                           |                                       |
| City, State, Zip Code       | Amory, MS 38821  |  |   |                           |                                       |
| Name of Employer (Required) | The Wax Company  |  |   |                           |                                       |
| Occupation (Required)       | Owner  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Richard Adkerson   |  |   | 4/23/2010                 | \$1,000.00                            |
| Mailing Address             | 1 N Central Ave Rm 19.113  |  |   |                           |                                       |
| City, State, Zip Code       | Phoenix, AZ 85004  |  |   |                           |                                       |
| Name of Employer (Required) | Freeport McMoran Copper and Gold                                     |  |   |                           |                                       |
| Occupation (Required)       | CEO  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ralph Barnes   |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 1353 Flowood Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Flowood, MS 39232  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Brad Bradway   |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 206 Turn Berry Ln  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Farmer   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Bob Carr   |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 303 Thorngate Dr   |  |   |                           |                                       |
| City, State, Zip Code       | Brandon, MS 39042  |  |   |                           |                                       |
| Name of Employer (Required) | CARR Plumbing Supply   |  |   |                           |                                       |
| Occupation (Required)       | Self   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Earnest Deavenport   |  |   | 12/12/2010                | \$1,000.00                            |
| Mailing Address             | 402 Ocean Oaks Ct  |  |   |                           |                                       |
| City, State, Zip Code       | Johns Island, SC 29455   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Hunter Henry   |  |   | 12/12/2010                | \$1,000.00                            |
| Mailing Address             | 1148 Thousand Oaks Loop  |  |   |                           |                                       |
| City, State, Zip Code       | San Marcos, TX 78666   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. William Lampton  |  |   | 4/9/2010                  | \$1,000.00                            |
| Mailing Address             | PO Box 2401  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39225  |  |   |                           |                                       |
| Name of Employer (Required) | Ergon  |  |   |                           |                                       |
| Occupation (Required)       | Executive  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Allen Langford   |  |   | 11/30/2010                | \$250.00                              |
| Mailing Address             | 146 Highwoods Blvd   |  |   |                           |                                       |
| City, State, Zip Code       | Madison, MS 39110  |  |   |                           |                                       |
| Name of Employer (Required) | United Medicaid Recovery   |  |   |                           |                                       |
| Occupation (Required)       | Owner  |  |   | Aggregate<br>year-to-date | \$500.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Allen Langford   |  |   | 4/9/2010                  | \$250.00                              |
| Mailing Address             | 146 Highwoods Blvd   |  |   |                           |                                       |
| City, State, Zip Code       | Madison, MS 39110  |  |   |                           |                                       |
| Name of Employer (Required) | United Medicaid Recovery   |  |   |                           |                                       |
| Occupation (Required)       | Owner  |  |   | Aggregate<br>year-to-date | \$500.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Dale McDonald  |  |   | 4/9/2010                  | \$1,000.00                            |
| Mailing Address             | 12 Natalie Ln  |  |   |                           |                                       |
| City, State, Zip Code       | Hattiesburg, MS 39402  |  |   |                           |                                       |
| Name of Employer (Required) | Natchez Electric   |  |   |                           |                                       |
| Occupation (Required)       | Owner  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ronald Hampton   |  |   | 1/22/2010                 | \$1,000.00                            |
| Mailing Address             | 2405 8th Street  |  |   |                           |                                       |
| City, State, Zip Code       | Meridian, MS 39301   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Richard Hobgood  |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | PO Box 7061  |  |   |                           |                                       |
| City, State, Zip Code       | Gulfport, MS 39506   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$250.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. John Landrum   |  |   | 4/1/2010                  | \$250.00                              |
| Mailing Address             | 2334 Beau Chene  |  |   |                           |                                       |
| City, State, Zip Code       | Biloxi, MS 39532   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$250.00                              |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. James Rouse  |  |   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | 2042 Diamond Springs Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Houston, TX 77077  |  |   |                           |                                       |
| Name of Employer (Required) | Exxon  |  |   |                           |                                       |
| Occupation (Required)       | Retired VP   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. William Kirkpatrick  |  |   | 4/22/2010                 | \$1,000.00                            |
| Mailing Address             |  |  |   |                           |                                       |
| City, State, Zip Code       | Leesburg, VA 20176   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Thomas Walker  |  |   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | 108 Trumpet Vine Lane  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Consultant   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Johnny Ray   |  |   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | 730 Adkins Blvd  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39211  |  |   |                           |                                       |
| Name of Employer (Required) | Bankplus   |  |   |                           |                                       |
| Occupation (Required)       | Banker   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Haley Fisackerly   |  |   | 5/28/2010                 | \$1,000.00                            |
| Mailing Address             | 4157 Crane Blvd  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39216  |  |   |                           |                                       |
| Name of Employer (Required) | Entergy  |  |   |                           |                                       |
| Occupation (Required)       | CEO  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. James Coggin   |  |   | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | 114 Meadowbrook N  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39211  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Russ Gatlin   | 4/30/2010                 | \$250.00                              |
| Mailing Address             | 4413 Meadowridge Dr   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39206   |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Consultant  | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Clifford Thompson   | 9/20/2010                 | \$500.00                              |
| Mailing Address             | PO Box 16490  |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39236   |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Attorney  | Aggregate<br>year-to-date | \$500.00                              |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Lamar Gordon  | 4/1/2010                  | \$250.00                              |
| Mailing Address             | 1901 Longwood Dr  |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39212   |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Charles Donald  | 5/28/2010                 | \$1,000.00                            |
| Mailing Address             | 1119 Albena Hill Dr   |                           |                                       |
| City, State, Zip Code       | Port Gibson, MS 39150   |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Forester  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Steve Newman  | 4/13/2010                 | \$250.00                              |
| Mailing Address             | 302 S Meadow Rd   |                           |                                       |
| City, State, Zip Code       | Natchez, MS 39120   |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Business Owner  | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Scott Vaughn  | 4/13/2010                 | \$250.00                              |
| Mailing Address             | 1107 61st Ct  |                           |                                       |
| City, State, Zip Code       | Meridian, MS 39305  |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Restaurant Owner  | Aggregate<br>year-to-date | \$250.00                              |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. David Hall   |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | PO Box 3727  |  |   |                           |                                       |
| City, State, Zip Code       | Meridian, MS 39303   |  |   |                           |                                       |
| Name of Employer (Required) | Halltree Inc   |  |   |                           |                                       |
| Occupation (Required)       | Forester   |  |   | Aggregate<br>year-to-date | \$250.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Robert Luke  |  |   | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 630   |  |   |                           |                                       |
| City, State, Zip Code       | Meridian, MS 39302   |  |   |                           |                                       |
| Name of Employer (Required) | LPK Architects   |  |   |                           |                                       |
| Occupation (Required)       | Architect  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. Kelly Oneal  |  |   | 4/13/2010                 | \$250.00                              |
| Mailing Address             | 56 J C Bryant Rd   |  |   |                           |                                       |
| City, State, Zip Code       | Hattiesburg, MS 39401  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$250.00                              |

|                             |   |   |   |                           |                                       |
|-----------------------------|---|---|---|---------------------------|---------------------------------------|
| Source:                     | <input checked="" type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Jim Koerber   |   |   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 18170  |   |   |                           |                                       |
| City, State, Zip Code       | Hattiesburg, MS 39404   |   |   |                           |                                       |
| Name of Employer (Required) | The Koerber Company   |   |   |                           |                                       |
| Occupation (Required)       | Self-Employed   |   |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Richard Puckett  |  |   | 4/30/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 3170  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39207  |  |   |                           |                                       |
| Name of Employer (Required) | Puckett Machinery  |  |   |                           |                                       |
| Occupation (Required)       | President  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ralph Germany  |  |   | 4/9/2010                  | \$1,000.00                            |
| Mailing Address             | 630 Holly Bush Rd  |  |   |                           |                                       |
| City, State, Zip Code       | Brandon, MS 39047  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|  |  |                                 |   |
|--|--|---------------------------------|---|
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Don Roberts  |  | 9/20/2010                       | \$250.00                                  |
| Mailing Address 100 Dumaine PI   |  |                                 |   |
| City, State, Zip Code Madison, MS 39110  |  |                                 |   |
| Name of Employer (Required) Harrell Construction   |  |                                 |   |
| Occupation (Required) Vice President   |  | Aggregate year-to-date          | \$500.00                                  |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Don Roberts  |  | 4/23/2010                       | \$250.00                                  |
| Mailing Address 100 Dumaine PI   |  |                                 |   |
| City, State, Zip Code Madison, MS 39110  |  |                                 |   |
| Name of Employer (Required) Harrell Construction   |  |                                 |   |
| Occupation (Required) Vice President   |  | Aggregate year-to-date          | \$500.00                                  |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Dr. William Hulett   |  | 4/5/2010                        | \$1,000.00                                |
| Mailing Address 365 Lakeshore Dr   |  |                                 |   |
| City, State, Zip Code Madison, MS 39110  |  |                                 |   |
| Name of Employer (Required) Self   |  |                                 |   |
| Occupation (Required) Physician  |  | Aggregate year-to-date          | \$1,000.00                                |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Steven Janzen  |  | 4/13/2010                       | \$250.00                                  |
| Mailing Address 4701 Lakeland Dr Apt 31H   |  |                                 |   |
| City, State, Zip Code Flowood, MS 39232  |  |                                 |   |
| Name of Employer (Required) Brunni, Grantham, Grower & Hewes, PLLC   |  |                                 |   |
| Occupation (Required) Governmental Relations Advisor   |  | Aggregate year-to-date          | \$250.00                                  |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Stephen Golding  |  | 4/13/2010                       | \$1,000.00                                |
| Mailing Address 101 Lee St   |  |                                 |   |
| City, State, Zip Code Vicksburg, MS 39180  |  |                                 |   |
| Name of Employer (Required) Golding Barge Line Inc.  |  |                                 |   |
| Occupation (Required) President  |  | Aggregate year-to-date          | \$1,000.00                                |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Howard Waring  |  | 4/13/2010                       | \$250.00                                  |
| Mailing Address 4102 Woodlands Cir   |  |                                 |   |
| City, State, Zip Code Vicksburg, MS 39180  |  |                                 |   |
| Name of Employer (Required) Waring Oil Co. LLC   |  |                                 |   |
| Occupation (Required) Oil Marketer   |  | Aggregate year-to-date          | \$250.00                                  |



## ITEMIZED RECEIPTS

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Brad Bounds   | 4/30/2010                 | \$250.00                              |
| Mailing Address             | PO Box 3802   |                           |                                       |
| City, State, Zip Code       | Meridian, MS 39303  |                           |                                       |
| Name of Employer (Required) | Working Solutions LLC   |                           |                                       |
| Occupation (Required)       | President   | Aggregate<br>year-to-date | \$250.00                              |

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Wilson La Foe   | 4/23/2010                 | \$1,000.00                            |
| Mailing Address             | 102 Farrington Court  |                           |                                       |
| City, State, Zip Code       | Ridgeland, MS 39157   |                           |                                       |
| Name of Employer (Required) | R.E. Investments  |                           |                                       |
| Occupation (Required)       | Self  | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Joel Clements   | 4/13/2010                 | \$1,000.00                            |
| Mailing Address             |   |                           |                                       |
| City, State, Zip Code       | Waynesboro, MS 39367  |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Bruce Martin  | 1/22/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 1729   |                           |                                       |
| City, State, Zip Code       | Meridian, MS 39302  |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. John Chapman  | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 102 Snyder Dr   |                           |                                       |
| City, State, Zip Code       | Brandon, MS 39042   |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Edward HacsKaylo  | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | 115 Oakridge Trl  |                           |                                       |
| City, State, Zip Code       | Flowood, MS 39232   |                           |                                       |
| Name of Employer (Required) | MS Roofing Supply   |                           |                                       |
| Occupation (Required)       | Consultant  | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. J. Burns  |  | 4/23/2010                 | \$1,000.00                            |
| Mailing Address 212 Arthurs Ct  |  |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |  |                           |                                       |
| Name of Employer (Required) Erlon Asphalt & Emulsion  |  |                           |                                       |
| Occupation (Required) Executive VP  |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Dick Hall   |  | 4/23/2010                 | \$1,000.00                            |
| Mailing Address 219 Northwind Dr  |  |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |  |                           |                                       |
| Name of Employer (Required) State of MS   |  |                           |                                       |
| Occupation (Required) Transportation Commissioner   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Dr. John Davis  |  | 4/13/2010                 | \$1,000.00                            |
| Mailing Address 105 Summit Grv  |  |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |  |                           |                                       |
| Name of Employer (Required) New South Spine   |  |                           |                                       |
| Occupation (Required) Physician   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Stephen Clay  |  | 11/30/2010                | \$1,000.00                            |
| Mailing Address 2 Sheffield Ct  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) Clay Lobbying Firm  |  |                           |                                       |
| Occupation (Required) Consultant  |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Hal Parker  |  | 4/30/2010                 | \$1,000.00                            |
| Mailing Address 2820 Narrow Gauge Rd  |  |                           |                                       |
| City, State, Zip Code Bolton, MS 39041  |  |                           |                                       |
| Name of Employer (Required) Sunbelt-Wholesale Supply  |  |                           |                                       |
| Occupation (Required) President   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Spencer Flatgard  |  | 12/12/2010                | \$500.00                              |
| Mailing Address 214 Silas Trce  |  |                           |                                       |
| City, State, Zip Code Ridgeland, MS 39157   |  |                           |                                       |
| Name of Employer (Required) Self  |  |                           |                                       |
| Occupation (Required) Attorney  |  | Aggregate<br>year-to-date | \$1,000.00                            |

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Spencer Flatgard   |  |   | 4/30/2010                 | \$500.00                              |
| Mailing Address             | 214 Silas Trce   |  |   |                           |                                       |
| City, State, Zip Code       | Ridgeland, MS 39157  |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Attorney   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. James Lenoir   |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | 201 Valley Rd  |  |   |                           |                                       |
| City, State, Zip Code       | Ridgeland, MS 39157  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Knox Ross  |  |   | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 369   |  |   |                           |                                       |
| City, State, Zip Code       | Pelahatchie, MS 39145  |  |   |                           |                                       |
| Name of Employer (Required) | Self Employed  |  |   |                           |                                       |
| Occupation (Required)       | CPA  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. John Jordan  |  |   | 3/30/2010                 | \$250.00                              |
| Mailing Address             | 368 Kingsbridge Rd   |  |   |                           |                                       |
| City, State, Zip Code       | Madison, MS 39110  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ben Nelson   |  |   | 11/30/2010                | \$1,000.00                            |
| Mailing Address             | 421 Forest Lake Pl   |  |   |                           |                                       |
| City, State, Zip Code       | Madison, MS 39110  |  |   |                           |                                       |
| Name of Employer (Required) | Nelson Golf and Utility Vehicles                                     |  |   |                           |                                       |
| Occupation (Required)       | Self   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Thomas Wofford   |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 602 Crescent Pl Ste 100  |  |   |                           |                                       |
| City, State, Zip Code       | Ridgeland, MS 39157  |  |   |                           |                                       |
| Name of Employer (Required) | Tellus Operating Group   |  |   |                           |                                       |
| Occupation (Required)       | Accountant   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Lee Miller  |  | 3/29/2010                 | \$250.00                              |
| Mailing Address 222 Bellewether Pass  |  |                           |                                       |
| City, State, Zip Code Ridgeland, MS 39157   |  |                           |                                       |
| Name of Employer (Required) Miller Transports   |  |                           |                                       |
| Occupation (Required) Executive   |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Richard Mills   |  | 3/29/2010                 | \$1,000.00                            |
| Mailing Address 694 Mount Leopard Rd  |  |                           |                                       |
| City, State, Zip Code Flora, MS 39071   |  |                           |                                       |
| Name of Employer (Required) Tellus Operating Group  |  |                           |                                       |
| Occupation (Required) Engineer  |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Hartman   |  | 11/30/2010                | \$1,000.00                            |
| Mailing Address 254 Forest Lake Dr  |  |                           |                                       |
| City, State, Zip Code Madison, MS 39110   |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required) CPA   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Pete Weisenberger   |  | 4/13/2010                 | \$1,000.00                            |
| Mailing Address PO Box 570  |  |                           |                                       |
| City, State, Zip Code Flora, MS 39071   |  |                           |                                       |
| Name of Employer (Required) Weisenberger & Co.  |  |                           |                                       |
| Occupation (Required) Realtor/investor  |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. David Barton  |  | 3/29/2010                 | \$250.00                              |
| Mailing Address PO Box 9  |  |                           |                                       |
| City, State, Zip Code Raymond, MS 39154   |  |                           |                                       |
| Name of Employer (Required) Self  |  |                           |                                       |
| Occupation (Required) Farmer  |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Charles Haley   |  | 9/20/2010                 | \$1,000.00                            |
| Mailing Address PO Box 226  |  |                           |                                       |
| City, State, Zip Code Canton, MS 39046  |  |                           |                                       |
| Name of Employer (Required) Adcamp Inc.   |  |                           |                                       |
| Occupation (Required) Partner   |  | Aggregate<br>year-to-date | \$1,000.00                            |

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

|                             |  |   |   |                           |                                       |
|-----------------------------|--|---|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input type="checkbox"/> Individual<br><input type="checkbox"/> Other                       | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. Tip Hailey   |   |   | 3/12/2010                 | \$250.00                              |
| Mailing Address             | 1126 E Peace St  |   |   |                           |                                       |
| City, State, Zip Code       | Canton, MS 39046   |   |   |                           |                                       |
| Name of Employer (Required) | Hailey Animal Hospital   |   |   |                           |                                       |
| Occupation (Required)       | Veterinarian   |   |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other            | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ted Kendall  |   |   | 4/30/2010                 | \$1,000.00                            |
| Mailing Address             | 2932 Williams Lake Rd  |   |   |                           |                                       |
| City, State, Zip Code       | Bolton, MS 39041   |   |   |                           |                                       |
| Name of Employer (Required) | M&P Bank   |   |   |                           |                                       |
| Occupation (Required)       | Farmer   |   |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other            | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Reed Nelson  |   |   | 7/30/2010                 | \$1,000.00                            |
| Mailing Address             | 4830 South Drive   |   |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39209  |   |   |                           |                                       |
| Name of Employer (Required) | White Construction   |   |   |                           |                                       |
| Occupation (Required)       | Contractor   |   |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. William Stone  |   |   | 4/5/2010                  | \$500.00                              |
| Mailing Address             | 1501 Lakeland Dr Ste 250   |   |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39216  |   |   |                           |                                       |
| Name of Employer (Required) | WO Stone Advisors  |   |   |                           |                                       |
| Occupation (Required)       | Investment Advisor   |   |   | Aggregate<br>year-to-date | \$500.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other            | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. John Lundy   |   |   | 7/2/2010                  | \$1,000.00                            |
| Mailing Address             | 458 Greenwood Ln   |   |   |                           |                                       |
| City, State, Zip Code       | Ridgeland, MS 39157  |   |   |                           |                                       |
| Name of Employer (Required) | Capitol Resources  |   |   |                           |                                       |
| Occupation (Required)       | Consultant   |   |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other            | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Todd Reeves  |   |   | 4/13/2010                 | \$1,000.00                            |
| Mailing Address             | 707 Pine Way HI  |   |   |                           |                                       |
| City, State, Zip Code       | Flowood, MS 39232  |   |   |                           |                                       |
| Name of Employer (Required) | Climate Masters, Inc   |   |   |                           |                                       |
| Occupation (Required)       | Owner  |   |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Dr. Bradley Williams  |  | 3/29/2010                 | \$250.00                              |
| Mailing Address 208 Bent Tree Cv  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Self  |  |                           |                                       |
| Occupation (Required) Dentist   |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Dr. Thomas Byrd   |  | 4/13/2010                 | \$500.00                              |
| Mailing Address 2381 Tiffany Cir  |  |                           |                                       |
| City, State, Zip Code Florence, MS 39073  |  |                           |                                       |
| Name of Employer (Required) Florence Dental Clinic  |  |                           |                                       |
| Occupation (Required) Dentist   |  | Aggregate<br>year-to-date | \$500.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 4/13/2010                 | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 5/11/2010                 | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 7/6/2010                  | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 2/19/2010                 | \$166.68                              |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |

## ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 9/21/2010                 | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 3/15/2010                 | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 8/4/2010                  | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Oscar Miskelly  |  | 10/18/2010                | \$83.34                               |
| Mailing Address 513 Pine Hill Pl  |  |                           |                                       |
| City, State, Zip Code Flowood, MS 39232   |  |                           |                                       |
| Name of Employer (Required) Miskelly Furniture  |  |                           |                                       |
| Occupation (Required) Retail  |  | Aggregate<br>year-to-date | \$750.06                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Donald Meiners  |  | 3/29/2010                 | \$1,000.00                            |
| Mailing Address 230 Winged Foot Cir   |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required) Retired   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Gabriel Baldwin   |  | 7/2/2010                  | \$1,000.00                            |
| Mailing Address 115 Royal Lytham  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) Bankplus  |  |                           |                                       |
| Occupation (Required) Senior Vice President   |  | Aggregate<br>year-to-date | \$1,000.00                            |

## ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Charles Miner   |  | 7/2/2010                  | \$250.00                              |
| Mailing Address 750 Lenox Dr  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) The Club Crossgates   |  |                           |                                       |
| Occupation (Required) Bus. Owner  |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Steven Corbitt  |  | 11/30/2010                | \$250.00                              |
| Mailing Address 242 Rollingwood Dr  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) The Corbitt Company   |  |                           |                                       |
| Occupation (Required) Government Affairs  |  | Aggregate<br>year-to-date | \$1,025.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Steven Corbitt  |  | 4/13/2010                 | \$25.00                               |
| Mailing Address 242 Rollingwood Dr  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) The Corbitt Company   |  |                           |                                       |
| Occupation (Required) Government Affairs  |  | Aggregate<br>year-to-date | \$1,025.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Steven Corbitt  |  | 4/23/2010                 | \$250.00                              |
| Mailing Address 242 Rollingwood Dr  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) The Corbitt Company   |  |                           |                                       |
| Occupation (Required) Government Affairs  |  | Aggregate<br>year-to-date | \$1,025.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Steven Corbitt  |  | 1/22/2010                 | \$250.00                              |
| Mailing Address 242 Rollingwood Dr  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) The Corbitt Company   |  |                           |                                       |
| Occupation (Required) Government Affairs  |  | Aggregate<br>year-to-date | \$1,025.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Steven Corbitt  |  | 7/30/2010                 | \$250.00                              |
| Mailing Address 242 Rollingwood Dr  |  |                           |                                       |
| City, State, Zip Code Jackson, MS 39211   |  |                           |                                       |
| Name of Employer (Required) The Corbitt Company   |  |                           |                                       |
| Occupation (Required) Government Affairs  |  | Aggregate<br>year-to-date | \$1,025.00                            |



## ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Timothy Lyons  |  |   | 6/1/2010                  | \$250.00                              |
| Mailing Address             | 36 Avery Cir   |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39211  |  |   |                           |                                       |
| Name of Employer (Required) | Lymac  |  |   |                           |                                       |
| Occupation (Required)       | Retired Geologist  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Rowan Taylor   |  |   | 4/9/2010                  | \$1,000.00                            |
| Mailing Address             | 20 Eastbrooke St   |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39216  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Jeff Fracchia  |  |   | 3/30/2010                 | \$250.00                              |
| Mailing Address             | 1665 Sheffield Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39211  |  |   |                           |                                       |
| Name of Employer (Required) | Johnson Controls   |  |   |                           |                                       |
| Occupation (Required)       | Engineer   |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Trip Barnes  |  |   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | 5 River Bend Place, Ste A  |  |   |                           |                                       |
| City, State, Zip Code       | Flowood, MS 39232  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Self   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. John Marchetti   |  |   | 4/30/2010                 | \$250.00                              |
| Mailing Address             | 2204 Culleywood Rd   |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39211  |  |   |                           |                                       |
| Name of Employer (Required) | Marchetti, Robertson & Brickell                                      |  |   |                           |                                       |
| Occupation (Required)       | Insurance  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Lucian Harvey  |  |   | 4/30/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 4785  |  |   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39296  |  |   |                           |                                       |
| Name of Employer (Required) | Harvey Construction Company  |  |   |                           |                                       |
| Occupation (Required)       | President  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|   |                           |                                       |
|---|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name <b>Mr. Tommie Cardin</b>  | 4/9/2010                  | \$1,000.00                            |
| Mailing Address 303 Bordeaux Dr   |                           |                                       |
| City, State, Zip Code Clinton, MS 39056   |                           |                                       |
| Name of Employer (Required) Butler Snow   |                           |                                       |
| Occupation (Required) Attorney  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name <b>Mr. George Hester</b>  | 3/19/2010                 | \$1,000.00                            |
| Mailing Address 713 S. Pear Orchard #302  |                           |                                       |
| City, State, Zip Code Ridgeland, MS 39157   |                           |                                       |
| Name of Employer (Required) Navitas, Ltd.   |                           |                                       |
| Occupation (Required) CEO   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name <b>Mr. Robert Reed</b>  | 4/12/2010                 | \$1,000.00                            |
| Mailing Address 107 Pelican PI  |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |                           |                                       |
| Name of Employer (Required)   |                           |                                       |
| Occupation (Required)   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name <b>Mr. Eric Graham</b>  | 1/22/2010                 | \$500.00                              |
| Mailing Address 284 Lighthouse Ln   |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |                           |                                       |
| Name of Employer (Required) Cellular South  |                           |                                       |
| Occupation (Required) Government Relations  | Aggregate<br>year-to-date | \$500.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name <b>Mr. Roderick Moore</b>   | 4/13/2010                 | \$1,000.00                            |
| Mailing Address 103 Pelican PI  |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |                           |                                       |
| Name of Employer (Required) Southern Farm Bureau Casualty Insurance   |                           |                                       |
| Occupation (Required) Retired CEO   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name <b>Mr. John Arledge</b>   | 4/23/2010                 | \$1,000.00                            |
| Mailing Address 201 Campsire Cir  |                           |                                       |
| City, State, Zip Code Brandon, MS 39047   |                           |                                       |
| Name of Employer (Required) Community Bankshares of MS  |                           |                                       |
| Occupation (Required) EVP   | Aggregate<br>year-to-date | \$1,000.00                            |

## ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ellis Carter   |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | 361 Malcolms Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Belzoni, MS 39038  |  |   |                           |                                       |
| Name of Employer (Required) | Farmer   |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. and Mrs. Noel Barrett  |  |   | 4/9/2010                  | \$1,000.00                            |
| Mailing Address             | 22696 CR 507   |  |   |                           |                                       |
| City, State, Zip Code       | Itta Bena, MS 38941  |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | American Cattle  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Jack Harris  |  |   | 4/23/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 194   |  |   |                           |                                       |
| City, State, Zip Code       | Inverness, MS 38753  |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Insurance  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Charles Ritter   |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 538   |  |   |                           |                                       |
| City, State, Zip Code       | Kosciusko, MS 39090  |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Turner Wingo   |  |   | 5/28/2010                 | \$1,000.00                            |
| Mailing Address             | 622 W Poplar 5th   |  |   |                           |                                       |
| City, State, Zip Code       | Collierville, TN 38017   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Fisherman  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. O.A. Cleveland   |  |   | 11/30/2010                | \$1,000.00                            |
| Mailing Address             | 505 Canterbury Rd  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Consultant   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. David Evers  |  |   | 4/5/2010                  | \$250.00                              |
| Mailing Address             | 104 Huntington Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. Burrel Hood  |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | 411 Myrtle St  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. Martha Swain   |  |   | 4/5/2010                  | \$1,000.00                            |
| Mailing Address             | 105 Little John Ln   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | MSU  |  |   |                           |                                       |
| Occupation (Required)       | Retired History Professor  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Albert Clark   |  |   | 1/22/2010                 | \$1,000.00                            |
| Mailing Address             | P.O. Box 966   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39760   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Lewis Mallory  |  |   | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | 513 Greensboro St  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Cadene Bank  |  |   |                           |                                       |
| Occupation (Required)       | CEO  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Clyde Forbus   |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 600 Hogan St   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | State Farm Agent   |  |   |                           |                                       |
| Occupation (Required)       | Sales  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. J.C. Patton  |  |   | 2/19/2010                 | \$1,000.00                            |
| Mailing Address             | 1105 Yorkshire Rd  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mrs. Jackie Downer   |  |   | 4/20/2010                 | \$250.00                              |
| Mailing Address             | 113 Seville Pl   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Owen Cook  |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | 103 Oakmont Rd   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Charles Owen Engineering   |  |   |                           |                                       |
| Occupation (Required)       | Engineering Consultant   |  |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Frank Chiles   |  |   | 9/20/2010                 | \$500.00                              |
| Mailing Address             | 12 Talley Ho Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | State Farm   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Frank Chiles   |  |   | 9/20/2010                 | \$500.00                              |
| Mailing Address             | 12 Talley Ho Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | State Farm   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ralph Wofford  |  |   | 3/29/2010                 | \$250.00                              |
| Mailing Address             | 118 Dover Ct   |  |   |                           |                                       |
| City, State, Zip Code       | Starkville, MS 39759   |  |   |                           |                                       |
| Name of Employer (Required) |  |  |   |                           |                                       |
| Occupation (Required)       | Retired  |  |   | Aggregate<br>year-to-date | \$250.00                              |

# ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Dr. Roy Ruby  |  | 4/13/2010                 | \$1,000.00                            |
| Mailing Address 104 Langston Cv   |  |                           |                                       |
| City, State, Zip Code Starkville, MS 39759  |  |                           |                                       |
| Name of Employer (Required) Mississippi State University  |  |                           |                                       |
| Occupation (Required) Retired   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mrs. Charlotte Coker  |  | 3/30/2010                 | \$250.00                              |
| Mailing Address PO Box 1471   |  |                           |                                       |
| City, State, Zip Code Starkville, MS 39760  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Homer Kerr  |  | 4/13/2010                 | \$250.00                              |
| Mailing Address 904 Pine Grove Cir  |  |                           |                                       |
| City, State, Zip Code Starkville, MS 39759  |  |                           |                                       |
| Name of Employer (Required) At&t  |  |                           |                                       |
| Occupation (Required) Retired   |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Charles Guest   |  | 9/20/2010                 | \$1,000.00                            |
| Mailing Address 1539 Hillbrook Dr   |  |                           |                                       |
| City, State, Zip Code Starkville, MS 39759  |  |                           |                                       |
| Name of Employer (Required) MSU   |  |                           |                                       |
| Occupation (Required) Lawyer  |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. John Johnson  |  | 2/19/2010                 | \$1,000.00                            |
| Mailing Address 110 Dover Court   |  |                           |                                       |
| City, State, Zip Code Starkville, MS 39759  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required) Retired   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Dr. John Starr  |  | 12/12/2010                | \$250.00                              |
| Mailing Address 770 Greenbriar Dr   |  |                           |                                       |
| City, State, Zip Code Columbus, MS 39705  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$250.00                              |

# ITEMIZED RECEIPTS

|   |  |                           |                                       |
|---|--|---------------------------|---------------------------------------|
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Dr. James Beckham   |  | 11/30/2010                | \$1,000.00                            |
| Mailing Address 1622 Anne Stokes Rd   |  |                           |                                       |
| City, State, Zip Code Greenville, MS 38701  |  |                           |                                       |
| Name of Employer (Required) Delta Reg Med Ctr   |  |                           |                                       |
| Occupation (Required) Physician   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Emery Skelton   |  | 1/22/2010                 | \$1,000.00                            |
| Mailing Address PO Box 217  |  |                           |                                       |
| City, State, Zip Code Winterville, MS 38782   |  |                           |                                       |
| Name of Employer (Required) Self  |  |                           |                                       |
| Occupation (Required) Farmer  |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Floyd Wade  |  | 2/19/2010                 | \$1,000.00                            |
| Mailing Address 103 North Lane  |  |                           |                                       |
| City, State, Zip Code Newton, MS 39345  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. John Fraiser  |  | 4/13/2010                 | \$1,000.00                            |
| Mailing Address 302 Huntington Dr   |  |                           |                                       |
| City, State, Zip Code Starkville, MS 39759  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required) Retired   |  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mrs. Evleyn Cowan   |  | 4/23/2010                 | \$250.00                              |
| Mailing Address 708 Bellview Dr   |  |                           |                                       |
| City, State, Zip Code Aberdeen, MS 39730  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$250.00                              |
| Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name Mr. Jimmy Cowan   |  | 4/13/2010                 | \$225.00                              |
| Mailing Address 708 Bellview Dr   |  |                           |                                       |
| City, State, Zip Code Aberdeen, MS 39730  |  |                           |                                       |
| Name of Employer (Required)   |  |                           |                                       |
| Occupation (Required) Retired   |  | Aggregate<br>year-to-date | \$225.00                              |

## ITEMIZED RECEIPTS

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. Hugh Kinard   | 4/12/2010                 | \$250.00                              |
| Mailing Address             | 105 Lakeside Hills Dr   |                           |                                       |
| City, State, Zip Code       | Jackson, MS 39209   |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$250.00                              |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Pat Nelson  | 7/2/2010                  | \$1,000.00                            |
| Mailing Address             | PO Box 246  |                           |                                       |
| City, State, Zip Code       | Southaven, MS 38671   |                           |                                       |
| Name of Employer (Required) | Entergy Mississippi, Inc.   |                           |                                       |
| Occupation (Required)       | Customer Service Manager  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Greg Davis  | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | 8710 Northwest Dr   |                           |                                       |
| City, State, Zip Code       | Southaven, MS 38671   |                           |                                       |
| Name of Employer (Required) | City of Southaven   |                           |                                       |
| Occupation (Required)       | Mayor   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. Randle White  | 4/5/2010                  | \$1,000.00                            |
| Mailing Address             | 606 Poplar St   |                           |                                       |
| City, State, Zip Code       | Greenwood, MS 38930   |                           |                                       |
| Name of Employer (Required) | Delta Hills Nephrology Assoc  |                           |                                       |
| Occupation (Required)       | Physician   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Ewin Henson   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 615 Aubrey Cir N  |                           |                                       |
| City, State, Zip Code       | Greenwood, MS 38930   |                           |                                       |
| Name of Employer (Required) | Upshaw, Williams, Biggers, Beckham  |                           |                                       |
| Occupation (Required)       | Lawyer  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Glenn Beckham   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 8230   |                           |                                       |
| City, State, Zip Code       | Greenwood, MS 38935   |                           |                                       |
| Name of Employer (Required) | Upshaw, Williams, Biggers, Beckham  |                           |                                       |
| Occupation (Required)       | Attorney  | Aggregate<br>year-to-date | \$1,000.00                            |



# ITEMIZED RECEIPTS

|  |  |                                 |   |
|--|--|---------------------------------|---|
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Hassell Franklin   |  | 3/19/2010                       | \$1,000.00                                |
| Mailing Address PO Box 512   |  |                                 |   |
| City, State, Zip Code Houston, MS 38851  |  |                                 |   |
| Name of Employer (Required) Franklin Corporation   |  |                                 |   |
| Occupation (Required) CEO  |  | Aggregate year-to-date          | \$1,000.00                                |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. James Bryan  |  | 3/29/2010                       | \$250.00                                  |
| Mailing Address PO Box 18  |  |                                 |   |
| City, State, Zip Code West Point, MS 39773   |  |                                 |   |
| Name of Employer (Required) B Bryan Farms  |  |                                 |   |
| Occupation (Required) Agriculture  |  | Aggregate year-to-date          | \$250.00                                  |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. William Cunningham   |  | 1/22/2010                       | \$500.00                                  |
| Mailing Address 562 Cole Rd  |  |                                 |   |
| City, State, Zip Code Enid, MS 38927   |  |                                 |   |
| Name of Employer (Required)  |  |                                 |   |
| Occupation (Required) Retired  |  | Aggregate year-to-date          | \$500.00                                  |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mrs. Linda Dulaney   |  | 4/8/2010                        | \$1,000.00                                |
| Mailing Address 6933 Sunflower School Rd   |  |                                 |   |
| City, State, Zip Code Clarksdale, MS 38614   |  |                                 |   |
| Name of Employer (Required)  |  |                                 |   |
| Occupation (Required)  |  | Aggregate year-to-date          | \$1,000.00                                |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Gary Parvin  |  | 3/29/2010                       | \$1,000.00                                |
| Mailing Address 1195 Carter Rd   |  |                                 |   |
| City, State, Zip Code Coffeeville, MS 38922  |  |                                 |   |
| Name of Employer (Required) Self   |  |                                 |   |
| Occupation (Required) Attorney   |  | Aggregate year-to-date          | \$1,000.00                                |
| <b>Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: |  | <b>Date</b><br>(Mo., Day, Year) | <b>Amount of each receipt this period</b> |
| Full Name Mr. Burton Hosch   |  | 3/29/2010                       | \$250.00                                  |
| Mailing Address 729 Highland Cir   |  |                                 |   |
| City, State, Zip Code Tupelo, MS 38804   |  |                                 |   |
| Name of Employer (Required) Renasant Bank  |  |                                 |   |
| Occupation (Required) Banker   |  | Aggregate year-to-date          | \$250.00                                  |

# ITEMIZED RECEIPTS

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. John Dean  |  |   | 12/12/2010                | \$1,000.00                            |
| Mailing Address             | PO Box 272   |  |   |                           |                                       |
| City, State, Zip Code       | Leland, MS 38756   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Realtor  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Alexander Robertson  |  |   | 4/30/2010                 | \$250.00                              |
| Mailing Address             | 3305 Old Highway 61 S  |  |   |                           |                                       |
| City, State, Zip Code       | Leland, MS 38756   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Farmer   |  |   | Aggregate<br>year-to-date | \$250.00                              |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. W.G. Holliman  |  |   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 4452 Lakewood Ln   |  |   |                           |                                       |
| City, State, Zip Code       | Belden, MS 38826   |  |   |                           |                                       |
| Name of Employer (Required) | Furniture Brands   |  |   |                           |                                       |
| Occupation (Required)       |  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Glenn McCullough   |  |   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | 2012 Nancy Dr  |  |   |                           |                                       |
| City, State, Zip Code       | Tupelo, MS 38804   |  |   |                           |                                       |
| Name of Employer (Required) | Self   |  |   |                           |                                       |
| Occupation (Required)       | Executive  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Michael Sanders  |  |   | 4/13/2010                 | \$1,000.00                            |
| Mailing Address             | 535 Hillcrest Cir  |  |   |                           |                                       |
| City, State, Zip Code       | Cleveland, MS 38732  |  |   |                           |                                       |
| Name of Employer (Required) | Jimmy Sanders Inc.   |  |   |                           |                                       |
| Occupation (Required)       | President  |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

|                             |  |  |   |                           |                                       |
|-----------------------------|--|--|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation<br><input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Other | <input type="checkbox"/> Loan<br>Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Jason Spigner  |  |   | 3/29/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 275   |  |   |                           |                                       |
| City, State, Zip Code       | Fulton, MS 38843   |  |   |                           |                                       |
| Name of Employer (Required) | Spigner Inc  |  |   |                           |                                       |
| Occupation (Required)       | Forester   |  |   | Aggregate<br>year-to-date | \$1,000.00                            |

# ITEMIZED RECEIPTS

|                             |   |                           |                                       |
|-----------------------------|---|---------------------------|---------------------------------------|
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Johnny Crane  | 1/22/2010                 | \$1,000.00                            |
| Mailing Address             | P.O. Box 428  |                           |                                       |
| City, State, Zip Code       | Fulton, MS 38843  |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. James Carter  | 4/23/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 458  |                           |                                       |
| City, State, Zip Code       | Rolling Fork, MS 39159  |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Dr. E Russell Black   | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | PO Box 922  |                           |                                       |
| City, State, Zip Code       | Indianola, MS 38751   |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       |   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. David Fisher  | 3/19/2010                 | \$1,000.00                            |
| Mailing Address             | 1300 Bayou Dr   |                           |                                       |
| City, State, Zip Code       | Indianola, MS 38751   |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Real Estate Broker  | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mr. Denton Rogers   | 9/20/2010                 | \$1,000.00                            |
| Mailing Address             | 101 Arbor Ln  |                           |                                       |
| City, State, Zip Code       | Indianola, MS 38751   |                           |                                       |
| Name of Employer (Required) | Self  |                           |                                       |
| Occupation (Required)       | Sales   | Aggregate<br>year-to-date | \$1,000.00                            |
| Source:                     | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt this period |
| Full Name                   | Mrs. Myras Myers  | 7/2/2010                  | \$250.00                              |
| Mailing Address             | 159 Myers Rd  |                           |                                       |
| City, State, Zip Code       | Isola, MS 38754   |                           |                                       |
| Name of Employer (Required) |   |                           |                                       |
| Occupation (Required)       | Homemaker   | Aggregate<br>year-to-date | \$250.00                              |

Name of Candidate or Committee Mississippi Coalition For Progress DBA Bully Bloc

Reporting Period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

|                                    |                         |                           |  |
|------------------------------------|-------------------------|---------------------------|--|
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 9/10/2010                 | \$11.03                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | CapAd                   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 825 N President         | 10/1/2010                 | \$15,000.00                                |
| City, State, Zip Code              | Jackson, MS 39205-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$60,913.76                                |
| Full Name                          | CapAd                   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 825 N President         | 4/28/2010                 | \$3,000.00                                 |
| City, State, Zip Code              | Jackson, MS 39205-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$60,913.76                                |
| Full Name                          | CapAd                   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 825 N President         | 3/15/2010                 | \$30,913.76                                |
| City, State, Zip Code              | Jackson, MS 39205-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$60,913.76                                |
| Full Name                          | CapAd                   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 825 N President         | 2/15/2010                 | \$12,000.00                                |
| City, State, Zip Code              | Jackson, MS 39205-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$60,913.76                                |

|                                    |                         |                           |  |
|------------------------------------|-------------------------|---------------------------|--|
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 11/10/2010                | \$10.07                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 3/24/2010                 | \$15.00                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 3/29/2010                 | \$92.63                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 4/12/2010                 | \$64.53                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 5/10/2010                 | \$399.22                                   |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 6/10/2010                 | \$24.39                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |

|                                    |                            |                           |  |
|------------------------------------|----------------------------|---------------------------|--|
| Full Name                          | Click and Pledge           | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175    | 7/12/2010                 | \$5.00                                     |
| City, State, Zip Code              | Blacksburg, VA 24060-      |                           |  |
| Purpose of Disbursement (Optional) |                            | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | Click and Pledge           | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175    | 8/10/2010                 | \$66.39                                    |
| City, State, Zip Code              | Blacksburg, VA 24060-      |                           |  |
| Purpose of Disbursement (Optional) |                            | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | ACME Printing Company      | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 294 Commerce Park Dr       | 7/12/2010                 | \$249.31                                   |
| City, State, Zip Code              | Ridgeland, MS 39157-       |                           |  |
| Purpose of Disbursement (Optional) |                            | Aggregate<br>Year-to-date | \$249.31                                   |
| Full Name                          | Click and Pledge           | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175    | 12/10/2010                | \$5.00                                     |
| City, State, Zip Code              | Blacksburg, VA 24060-      |                           |  |
| Purpose of Disbursement (Optional) |                            | Aggregate<br>Year-to-date | \$700.21                                   |
| Full Name                          | USPS                       | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 401 E South St.            | 3/24/2010                 | \$500.00                                   |
| City, State, Zip Code              | Jackson, MS 39201-         |                           |  |
| Purpose of Disbursement (Optional) |                            | Aggregate<br>Year-to-date | \$500.00                                   |
| Full Name                          | FLS Connect                | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 7300 Hudson Blvd., Ste 270 | 4/28/2010                 | \$1,690.50                                 |
| City, State, Zip Code              | St. Paul, MN 55128-        |                           |  |
| Purpose of Disbursement (Optional) |                            | Aggregate<br>Year-to-date | \$1,690.50                                 |

|                                    |                              |                           |  |
|------------------------------------|------------------------------|---------------------------|--|
| Full Name                          | Friends of Phil Bryant       | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | PO Box 321226                | 12/6/2010                 | \$25,000.00                                |
| City, State, Zip Code              | Flowood, MS 39232-           |                           |  |
| Purpose of Disbursement (Optional) |                              | Aggregate<br>Year-to-date | \$35,000.00                                |
| Full Name                          | Friends of Phil Bryant       | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | PO Box 321226                | 12/30/2010                | \$10,000.00                                |
| City, State, Zip Code              | Flowood, MS 39232-           |                           |  |
| Purpose of Disbursement (Optional) |                              | Aggregate<br>Year-to-date | \$35,000.00                                |
| Full Name                          | John LaFoe                   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 1703 NW 64th St. #1          | 5/28/2010                 | \$1,250.00                                 |
| City, State, Zip Code              | Seattle, WA 98107-           |                           |  |
| Purpose of Disbursement (Optional) |                              | Aggregate<br>Year-to-date | \$1,250.00                                 |
| Full Name                          | Maggie's                     | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 1016 Louisville St.          | 1/30/2010                 | \$1,032.50                                 |
| City, State, Zip Code              | Starkville, MS 39759-        |                           |  |
| Purpose of Disbursement (Optional) |                              | Aggregate<br>Year-to-date | \$1,032.50                                 |
| Full Name                          | Mississippi Museum of Art    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 380 South Lamar St           | 10/14/2010                | \$982.74                                   |
| City, State, Zip Code              | Jackson, MS 39201-           |                           |  |
| Purpose of Disbursement (Optional) |                              | Aggregate<br>Year-to-date | \$982.74                                   |
| Full Name                          | MSU Foundation               | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | PO Box 6149                  | 2/21/2010                 | \$575.00                                   |
| City, State, Zip Code              | Mississippi State, MS 39762- |                           |  |
| Purpose of Disbursement (Optional) |                              | Aggregate<br>Year-to-date | \$575.00                                   |

|                                    |                         |                           |  |
|------------------------------------|-------------------------|---------------------------|--|
| Full Name                          | Nunnelee for Congress   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | PO Box 7092             | 7/23/2010                 | \$1,000.00                                 |
| City, State, Zip Code              | Tupelo, MS 38802-       |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$1,000.00                                 |
| Full Name                          | Sandra Powlett          | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 439 Abbey Woods         | 8/16/2010                 | \$1,000.00                                 |
| City, State, Zip Code              | Brandon, MS 39047-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$5,176.26                                 |
| Full Name                          | Sandra Powlett          | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 439 Abbey Woods         | 7/2/2010                  | \$1,083.60                                 |
| City, State, Zip Code              | Brandon, MS 39047-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$5,176.26                                 |
| Full Name                          | Sandra Powlett          | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 439 Abbey Woods         | 3/29/2010                 | \$2,057.46                                 |
| City, State, Zip Code              | Brandon, MS 39047-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$5,176.26                                 |
| Full Name                          | Sandra Powlett          | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 439 Abbey Woods         | 2/19/2010                 | \$1,035.20                                 |
| City, State, Zip Code              | Brandon, MS 39047-      |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$5,176.26                                 |
| Full Name                          | Click and Pledge        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 2200 Kraft Dr, Ste 1175 | 10/12/2010                | \$8.95                                     |
| City, State, Zip Code              | Blacksburg, VA 24060-   |                           |  |
| Purpose of Disbursement (Optional) |                         | Aggregate<br>Year-to-date | \$700.21                                   |